

WATER WELL RECORD

Form WWC-5

Division of Water
Resources App. No.

Well ID

WMW14

Original Record Correction Change in Well Ust

1 LOCATION OF WATER WELL:
 County: Jefferson Fraction: SE ¼ SE ¼ SE ¼ SE ¼ Section Number: 32 Township Number: T 9 S Range Number: R 19 E W

2 WELL OWNER: Last Name: Edmonds First: _____
 Business: Walnut Street Station Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
 Address: 816 Cherokee St. ~100' NW of 603 Walnut St., Oskaloosa KS
 Address: _____
 City: Oskaloosa State: KS ZIP: 66066

3 LOCATE WELL WITH "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: 25 ft
 Depth(s) Groundwater Encountered: 1) _____ ft
 2) _____ ft 3) _____ ft. or 4) Dry Well
WELL'S STATIC WATER LEVEL: 21.89 ft.
 below land surface, measured on (mo-day-yr) 6/9/2016
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was _____ ft
 after _____ hours pumping _____ gpm
 Water well was _____ ft
 after _____ hours pumping _____ gpm
 Estimated Yield: _____ gpm
 Bore Hole Diameter: 7.25 in to _____ ft. and _____ in to _____ ft

5 Latitude: 39.21667 (decimal degrees)
Longitude: 95.31090 (decimal degrees)
 Horizontal Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____)
 (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper

6 Elevation: 1095.74 ft Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1 Domestic: Household Lawn & Garden Livestock Irrigation Feedlot Industrial

2 Public Water Supply: well ID _____

3 Dewatering: how many wells? _____

4 Aquifer Recharge: well ID _____

5 Monitoring: well ID **WMW14**

6 Environmental Remediation: well ID _____

7 Air Sparge Soil Vapor Extractor

8 Recovery Injection

9 Oil Field Water Supply: lease _____

10 Test Hole: well ID _____

Cased Uncased Geotechnical

11 Geothermal: How many bores? _____

a) Closed Loop Horizontal Vertical

b) Open Loop Surface Discharge Inj. of Water

Other (specify): _____

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____

Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2 in. to 5 ft, Diameter _____ in. to _____ ft, Diameter _____ in. to _____ ft.

Casing height above land surface -0.41 in. Weight _____ lbs./ft. Well thickness or gauge No _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel Fiberglass PVC Other (Specify) _____

Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____

Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 5 ft. to 25 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 4 ft. to 25.5 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.5'

Grout intervals: From 0.5' ft. to 4 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

Nearest source of possible contamination:

Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage

Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well

Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well / Gas Well

Other (Specify) _____

Direction from well? SE Distance from well? ~190 ft

| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|------|----------------------------|------|----|--|
| 0 | 1 | Grass, topsoil, and gravel | | | |
| 1 | 5 | Silty clay with gravel | | | |
| 5 | 15 | Silty clay | | | |
| 15 | 20 | Clay, trace silt | | | |
| 20 | 25.5 | Shale | | | |

Notes: KDHE ID: Walnut Street Station: U4-044-14690

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/6/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 757 This Water Well Record was completed on (mo-day-year) 6/30/16 under the business name of Larsen & Associates, Inc. Signature _____

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water/GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

DENNIS L HANDKE

1820 NW 59th Terrace
TOPEKA, KANSAS 66618
785-286-4047 Home
785-286-1990 Fax

Jessica Chapman
Larsen & Associates
1311 E. 25th Street, Suite B
Lawrence, Kansas, 66046

June 25, 2016

RE: Monitor Well Elevation Survey
503 Walnut St., Oskaloosa, Kansas

Proj. 16-00H
Walnut Street Station
U4-044-14690

Bench Mark: Chised x on top of SW bolt of the SW sign base at West center of property.
Elev: 1101.40 North 91 West 5224 (from SE Cor. Sec. 33-9-19E)

| | | | | | |
|--------|----------|---------|-------|------|--|
| WMW#10 | rim | 1103.73 | South | 76 | NW1/4,NW1/4,NW1/4,NW1/4 (Sec. 4-10-19) |
| | top pipe | 1103.43 | West | 4977 | Lat= 39.21582 Long = 95.30972 |
| WMW#11 | rim | 1085.95 | North | 86 | SE1/4,SW1/4,SW1/4,SW1/4 |
| | top pipe | 1085.73 | West | 4916 | Lat= 39.21626 Long = 95.30950 |
| WMW#12 | rim | 1084.71 | North | 224 | SW1/4,SW1/4,SW1/4,SW1/4 |
| | top pipe | 1084.44 | West | 4975 | Lat= 39.21664 Long = 95.30971 |
| WMW#13 | rim | 1084.90 | North | 340 | NW1/4,SW1/4,SW1/4,SW1/4 |
| | top pipe | 1084.67 | West | 5134 | Lat= 39.21696 Long = 95.31026 |
| WMW#14 | rim | 1096.15 | North | 232 | SE1/4,SE1/4,SE1/4,SE1/4 (Sec. 32-9-19) |
| | top pipe | 1095.74 | West | 5312 | Lat= 39.21667 Long = 95.31090 |
| WMW#15 | rim | 1075.68 | North | 324 | SE1/4,SW1/4,SW1/4,SW1/4 |
| | top pipe | 1075.36 | West | 4905 | Lat= 39.21691 Long = 95.30946 |

Lat & Long derived Oskaloosa 7.5' quad map. WGS84

Elevation established from existing project..

If you have any questions, please feel free to call me. Thank you for the opportunity to be of service to you.

Dennis L Handke RLS

